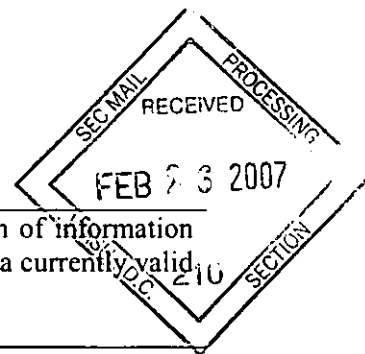


1061029



SEC 1972 (6-02) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of federal exemption. Conversely, failure to file the appropriate notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a notice.



07045515

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

FORM D

**NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION**

OMB APPROVAL

OMB Number: 3235-0076

Expires:

Estimated average burden
hours per response 1

SEC USE ONLY

Prefix

Serial

DATE RECEIVED

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.):
Bravo! Brands Inc. February 2007 Notes/Warrants Offering

Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [x] Rule 506 [x] Section 4(6) [] ULOE

Type of Filing: [X] New Filing [] Amendment

PROCESSED

MAR 06 2007

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

THOMSON
FINANCIAL

Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.):
Bravo! Brands Inc.

Address of Executive Offices (Number & Street, City, State, Zip Code) Telephone No. (Including Area Code)
11300 U.S. Highway 1, Suite 400
North Palm Beach, FL 33408 561-625-1411

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

Each promoter of the issuer, if the issuer has been organized within the past five years;

Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)
Coca-Cola Enterprises, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)
2500 Windy Ridge Parkway, Atlanta, Ga 30339

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)
Hirschman, Stanley

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Bravo! Brands Inc., 11300 US Highway 1, Suite 400, North Palm Beach, FL 33408

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)
Warren, Roy

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Bravo! Brands Inc., 11300 US Highway 1, Suite 400, North Palm Beach, FL 33408

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)
Kee, Tommy

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Bravo! Brands Inc., 11300 US Highway 1, Suite 400, North Palm Beach, FL 33408

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)
Toulan, Roy

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Bravo! Brands Inc., 11300 US Highway 1, Suite 400, North Palm Beach, FL 33408

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)
Edwards, Michael

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Bravo! Brands Inc., 11300 US Highway 1, Suite 400, North Palm Beach, FL 33408

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)
Patipa, Benjamin

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Bravo! Brands Inc., 11300 US Highway 1, Suite 400, North Palm Beach, FL 33408

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)
Blanding, Arthur

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Bravo! Brands Inc., 11300 US Highway 1, Suite 400, North Palm Beach, FL 33408

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)
Cummings, Robert

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Bravo! Brands Inc., 11300 US Highway 1, Suite 400, North Palm Beach, FL 33408

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)
McCormack, John

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Bravo! Brands Inc., 11300 US Highway 1, Suite 400, North Palm Beach, FL 33408

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Pearce, Phillip

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Bravo! Brands Inc., 11300 US Highway 1, Suite 400, North Palm Beach, FL 33408

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Kaplan, Jeffrey

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Bravo! Brands Inc., 11300 US Highway 1, Suite 400, North Palm Beach, FL 33408

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Bos, Gerald

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Bravo! Brands Inc., 11300 US Highway 1, Suite 400, North Palm Beach, FL 33408

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Harris, Stanley

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Bravo! Brands Inc., 11300 US Highway 1, Suite 400, North Palm Beach, FL 33408

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?

Yes ☐ No ☒

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual?

\$ n/a

3. Does the offering permit joint ownership of a single unit?

Yes ☒ No ☐

Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual) N/A

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States)

☐ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States)

☐ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States)

☐ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt.....	\$2,000,000	\$2,000,000
Equity	\$0	\$0
[] Common [] Preferred		
Convertible Securities (warrants @ 0.34 exercise price)	\$680,000	\$0
Partnership Interests	\$0	\$0
Other (Specify	\$0	\$0
Total	\$2,680,000	\$2,000,000

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Aggregate	
	Number	Dollar Amount
	Investors	of Purchases
Accredited Investors	3	\$2,000,000
Non-accredited Investors	0	\$0
Total (for filings under Rule 504 only)	0	\$0

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Dollar Amount	Type of Security	Sold
Type of offering		
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$ 00

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[]	\$0
Printing and Engraving Costs	[]	\$0
Legal Fees	[]	\$13,500
Accounting Fees	[]	\$0
Engineering Fees	[]	\$0
Sales Commissions (specify finders' fees separately)	[]	\$0
Other Expenses (identify) due diligence and finder's fee in cash	[]	\$200,000
Total	[]	\$213,500

b. Enter the difference between the aggregate offering price given in response to Part C Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."


\$2,466,500

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Payments Directors, & Affiliates	To Others
Salaries and fees	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Purchase of real estate	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Purchase, rental or leasing and installation of machinery and equipment.....	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Repayment of indebtedness	<input type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$
Working capital	<input type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$2,466,500
Other (specify):	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
.....	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Column Totals	<input type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$2,466,500
Total Payments Listed (column totals added)	<input checked="" type="checkbox"/> \$2,466,500	

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Bravo! Brands Corp.	Signature 	Date February 23, 2007
Name of Signer (Print or Type) Roy D. Toulon, Jr.	Title of Signer (Print or Type) Vice President-General Counsel	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the Disqualification provisions of such rule?[] Yes [x] No


See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.

3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Bravo! Brands Inc..	Signature 	Date February 23, 2007
Name of Signer (Print or Type) Roy D. Toulan, Jr.	Title of Signer (Print or Type) Vice President-General Counsel	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

[illegible]

OH									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
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